

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001576

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 395

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b  
17 hrs.  
3 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION OSTEOPATHIC

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY CLAY

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
5213 E. 48TH ST. N.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOHN

THOMAS

FRANKLIN

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JAN. 23, 02

9. AGE (last birthday)

60

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POLISHER

10b. KIND OF BUSINESS OR INDUSTRY

BRONSON INSTRUMENT CO. MARSHALL CO. TENN.

11. BIRTHPLACE (City and state or country)

U.S.

13a. FATHER'S NAME

FELIX LEVERT FRANKLIN

13b. MOTHER'S MAIDEN NAME

MAY BURGETT

14. NAME OF HUSBAND OR WIFE

IRENE M. FRANKLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

NO

17. INFORMANT

IRENE M. FRANKLIN

Address

K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Apnea

INTERVAL BETWEEN  
ONSET AND DEATH

6-6-2

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

cerebral anoxia

DUE TO (c)

Emphysema and Pulmonary Neoplasia - 21-63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-62 to 1-21-63 and last saw him alive on 1-20-63  
Death occurred at 1-21-63 5-42 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. F. Brondos DO

22b. ADDRESS

4712a Vivian Rd

22c. DATE SIGNED

1/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JAN. 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

WHITE CHAPEL MEMORIAL GARDENS, KANSAS CITY NORTH, MO.

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

HARRY BUTLER 2100 E. RUSSELL RD.

25. DATE RECD. BY LOCAL REG.

1-22-63

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H. D. Nelson*

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.